

SERFF Tracking Number:	GARD-125532756	State:	Arkansas
Filing Company:	The Guardian Insurance & Annuity Company Inc.	State Tracking Number:	38473
Company Tracking Number:	SPI-LIFE-UL		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Life Application Supplement (GIAC)		
Project Name/Number:	Life Application - SPI-Life-UL/SPI-LIFE-UL		

Filing at a Glance

Company: The Guardian Insurance & Annuity Company Inc.

Product Name: Life Application Supplement (GIAC) SERFF Tr Num: GARD-125532756 State: ArkansasLH

TOI: L08 Life - Other	SERFF Status: Closed	State Tr Num: 38473
Sub-TOI: L08.000 Life - Other	Co Tr Num: SPI-LIFE-UL	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Louis A Conte, Peter Diggins, Dena Griffiths, Margaret Lewis-Forbes, John Monahan, Connie Gelfat	Disposition Date: 04/01/2008
	Date Submitted: 03/19/2008	Disposition Status: Approved
Implementation Date Requested: 05/01/2008		Implementation Date:
State Filing Description:		

General Information

Project Name: Life Application - SPI-Life-UL	Status of Filing in Domicile: Not Filed
Project Number: SPI-LIFE-UL	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 04/01/2008	
State Status Changed: 04/01/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
The Guardian Insurance & Annuity Corporation, Inc.	
NAIC #: 429-78778 FEIN #: 13-2656036	
Individual Life Application Supplement: Policyowner Statement	

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Dear Commissioner:

We are enclosing for your review and approval, a new questionnaire to be used during our application process for certain individual life insurance policies. This form will be used by both our company, and our parent company, The Guardian Life Insurance Company of America (Guardian) and is being filed for approval on behalf of Guardian under separate cover. This form does not replace any form previously approved by your Department.

This form is intended for use in conjunction with an application for any of our Universal Life policies, where the proposed insured is age 70 or more and the face amount applied for is \$1,000,000 or more. We also intend to use this form for any life insurance product, for any age and face amount, where it becomes known during the application process that the proposed insurance involves any sort of premium financing arrangement.

The intent of this form is to help the company detect situations where the proposed insurance is being obtained as a speculative investment for the benefit of a "stranger", i.e., an investor or any unrelated third party lacking the requisite insurable interest in the insured's life. Our intent is not to undermine legitimate premium financing arrangements, or inhibit valid life settlements. However, we do want to avoid issuing a policy where the intent exists at the time the policy is applied for, to transfer the insurance to a third party with no insurable interest in the insured. We feel these arrangements are not only an abuse of life insurance, but also are clearly intended to circumvent state insurable interest statutes. There are negative implications to these arrangements not only for the insurance industry, but also potentially the applicants themselves, many of whom may not fully understand the arrangements they are entering into. This issue is obviously one which is currently receiving a great amount of regulatory scrutiny, and we feel that the use of the Policyowner Statement in our underwriting process, as well as any legislation adopted by the states to address this issue will go along way to protecting the industry and the integrity of life insurance products.

This form will be used with our previously approved life application form, L-AP-2004, which was approved by your Department on 12/16/2004. The form, when used, will be part of the application, and will ultimately become part of the policy when issued.

We are enclosing any applicable certifications, transmittals and filing fees for this submission as required.

I hope this information is satisfactory and that we may receive your Department's approval of these forms at your

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earliest convenience. If you have any questions, please feel free to contact me at our toll-free number, 1-877-600-1460.

Sincerely,

John J. Monahan
Director
Individual Markets Compliance

Company and Contact

Filing Contact Information

Dena Griffiths, Compliance & Research DGriffiths@glic.com
Specialist
7 Hanover Square (212) 598-8694 [Phone]
New York, NY 10004 (212) 919-2592[FAX]

Filing Company Information

The Guardian Insurance & Annuity Company CoCode: 78778 State of Domicile: Delaware
Inc.
7 Hanover Square Group Code: 429
New York, NY 10004 Group Name: Company Type:
(212) 598-8000 ext. [Phone] FEIN Number: 13-2656036
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: Per Form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Guardian Insurance & Annuity Company	\$50.00	03/19/2008	18793628

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/01/2008	04/01/2008

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Disposition

Disposition Date: 04/01/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Readability		Yes
Form	Policyowner Statement		Yes

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Form Schedule

Lead Form Number: SPI-Life-UL							
Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SPI-Life-UL	Application/ Policyowner Enrollment Statement Form		Initial		49	SPI-LIFE-UL Generic.pdf



☐ The Guardian Life Insurance Company of America (Guardian)
☐ The Guardian Insurance & Annuity Company, Inc. (GIAC)
Customer Service Office
3900 Burgess Place, Bethlehem, PA 18017
(800) 441-6455

Policyowner Statement

Name of Proposed Insured(s)

Name of Policyowner

Guardian and GIAC will not knowingly participate in a life insurance sale where the sale of the policy in a secondary market or the participation of investors in the policy death benefits is being considered. Accordingly, the Policyowner is asked to answer the following questions:

1. Have you or the proposed insured been offered "free insurance" or any inducement such as a cash payment, gifts, loan proceeds in excess of the amount necessary to fund the policy, or anything else of value as an encouragement to apply for this life insurance policy? ☐ Yes ☐ No
2. Have you or the proposed insured been solicited to sell or transfer, or had any discussions about selling any of the following to a life settlement company or group of investors in the next five years: the proposed life insurance policy; any other life insurance policy on the life of the proposed insured; or, a trust, limited liability company or other entity that has been or will be established to own the policy? ☐ Yes ☐ No
3. Have you or the proposed insured entered into or been offered a financing arrangement where a lender or other third party, other than your employer or family member, will receive any portion of the death benefit of the policy applied for in excess of repayment of the principal and interest? ☐ Yes ☐ No
4. Are you or the proposed insured considering the sale or transfer of the policy being applied for to a life settlement company or other third party investors within the next five years? ☐ Yes ☐ No
5. Will any entity other than a life insurance company, life reinsurance company or medical service provider engaged by either of these companies, be medically evaluating the proposed insured to determine life expectancy? ☐ Yes ☐ No

I certify and affirm that all answers to the above questions are complete, true and correctly recorded.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties.

X _____
Signature of Policy Owner

_____/_____/_____
Date

Producer's Statement:

1. I represent that all answers to the above questions are correct, true and complete, to the best of my knowledge and belief.
2. I have no knowledge of any plans for the policy being applied for to be sold to a life settlement or viatical company.

X _____
Signature of Producer

_____/_____/_____
Date

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

03/10/2008

Comments:

Attachments:

GIAC Certif of Compliance with Rule 19.pdf

GIAC Certif of Compliance with Rule 49.pdf

Review Status:

Satisfied -Name: Application

03/10/2008

Comments:

Attached previously application is for informational purposes only.

Attachment:

L-AP-2004 .pdf

Review Status:

Satisfied -Name: Readability

03/19/2008

Comments:

Attachment:

GIAC Readability.pdf



**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: **The Guardian Insurance & Annuity Company Inc.**

Form Number(s): SPI-LIFE UL

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.

Signature of Company Officer

John J. Monahan

Name

Director, Individual Markets Compliance

Title

March 19, 2008

Date

**Certificate of Compliance with
Arkansas Rule and Regulation 49**

Insurer: **THE GUARDIAN INSURANCE & ANNUITY COMPANY INC**

Form Number(s): **SPI-Life-UL**

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 49.



Signature of Company Officer

John J. Monahan

Name

Director, Individual Markets Compliance

Title

March 19, 2008

Date

- ☐ **THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA**
☐ **THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC.**
☐ **BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**
(Please check appropriate company. In this application, "the Company" is the insurer checked above.)

APPLICATION FOR LIFE INSURANCE

Part 1

Please print

(Page 1 of 7)

1. Proposed Insured Information

- a. First Name John MI _____ Last Name Doe
- b. Social Security # 123-45-6789
- c. Sex ☒ Male ☐ Female
- d. Date of Birth (mm/dd/yyyy) 12/1/69
- e. Place of Birth Any City, NY
- f. Are you a U.S. citizen? ☒ Yes ☐ No
If no, give: Visa Type _____
Visa Duration _____
Other _____
- g. Marital Status
☒ Married ☐ Single ☐ Separated
☐ Widowed ☐ Divorced
- h. Address 123 Main Street
City New York State NY Zip 11004
- i. How long at this address? 10 Years
- j. Home phone (212) 555-5555
- k. e-mail address _____
- l. If less than 2 years at current address, please furnish previous address:
Address _____
City _____ State _____ Zip _____
- m. Telephone Interview – if more information is needed, a representative may call you. Show the most convenient place and range of times for such a call weekdays between the hours of 9:00 a.m. and 9:00 p.m.
☒ Home ☐ Business ☐ Other – Phone _____ Times 6:00 – 8:00 ☐ a.m. ☒ p.m.

2. Employment Information

- a. Name of Employer ABC Accounting
- b. Address 500 Park Avenue
City New York State NY Zip 11234
Business Phone (800) 123-4567 Business Web Site _____
- c. If address is P.O. Box, include street address as well:
Address _____
City _____ State _____ Zip _____
- d. Occupation Accountant e. Job Title _____
- f. Nature of Business Supervisor of Accounting Staff
- g. How many years employed? 15 (If less than 2 years please furnish previous employer below)
- h. Former Employer _____
Address _____
City _____ State _____ Zip _____
- i. Occupation _____ j. Job Title _____
- k. Nature of Business _____

3. Owner Information*(Complete only if the proposed insured is NOT to be the policyowner)*

a. Owner name (First, MI, Last) or name of trust, company or other owner: _____

b. Social Security No./Tax ID No. _____ c. Relationship to proposed insured _____

d. Street Address _____

e. Telephone Number _____

f. Tax Qualified Plan? ☐ Yes ☐ Nog. Complete if Policy is **Trust Owned**:

Date of Trust _____

Complete Names of Authorized Trustees _____

4. Beneficiary Information*Print full name and relationship to Proposed Insured. (Unless otherwise indicated, all Primary Beneficiaries who survive the Insured shall share equally. If no Primary Beneficiary survives the Insured, benefits will be paid in equal shares to the Contingent Beneficiaries, etc., if surviving the Insured, unless otherwise specified).*a. Primary Beneficiary Jane Doe, Wife of Insured _____

b. Contingent Beneficiary _____

c. Tertiary Beneficiary _____

5. Purpose of Insurance

Please describe the purpose of the proposed insurance (check one or more of the following, or describe in "Other"):

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> Buy-Sell | <input type="checkbox"/> Deferred Compensation | <input type="checkbox"/> Charitable Planning | <input type="checkbox"/> Family Income | <input type="checkbox"/> Mortgage |
| <input type="checkbox"/> Key Person | <input type="checkbox"/> Split Dollar | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Retirement | <input type="checkbox"/> Spouse/Child Insurance |
| <input type="checkbox"/> Executive Bonus | <input type="checkbox"/> Collateral for Debt | <input type="checkbox"/> Wealth Accumulation | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Other _____ |

6. Financial Information**Personal Finances** (This section applies to the proposed insured. If this policy is business owned, please also complete the Business Finances section below.)a. Total Assets \$ 750,000 b. Total Liabilities \$ 50,000 c. Net Worth \$ 70,000d. Earned Income \$ 100,000 e. Unearned Income (if in excess of \$10,000) \$ _____**Business Finances** (Complete if policy is business owned)f. Type of Business (Check One): ☐ Limited Liability Co. ☐ Sole Proprietor ☐ Partnership ☐ S Corp
☐ C Corp ☐ Other _____

g. Total Assets \$ _____ h. Total Liabilities \$ _____ i. Net Worth \$ _____

j. Net Profit After Taxes for past Two Years: Last Year \$ _____ Previous Year \$ _____

k. How long has the business been established? _____

l. What is the nature of the business? _____

m. What percentage of the business is owned by the proposed insured? _____

n. Is there business insurance applied for or in force on other key members of this firm? ☐ Yes ☐ No

If "yes", please provide details: _____

7. Proposed Insurancea. Plan of Insurance Whole Life Base Policy Face Amount \$ 250,000**b. Riders****Traditional Life/Term Riders** (Note: Option Q and R riders are elected in the Dividends Section)

- ☒ Accidental Death Benefit (ADB) ADB Face Amount: \$ 150,000
- ☒ Waiver of Premium (WP) ☐ Initial Period Waiver of Premium (For LifeSpan only)
- ☐ Scheduled/Unscheduled Paid-Up Additions (EPUA) Rider ☐ Unscheduled Only Paid-Up Additions (EPUA) Rider
- If a Scheduled PUA Payment is desired, indicate annual amount \$ _____
- If an Initial PUA Payment is to be made, indicate amount (not including first Scheduled payment) \$ _____
- If Waiver of Specified Amount benefit is requested, indicate annual Specified Amount \$ _____
- ☐ Guaranteed Purchase Option (GIO)/Whole Life Purchase Option Option Amount: \$ _____
- ☐ Accelerated Benefit Rider (EABR/ABR) (please complete required disclosure form)
- ☐ 10 Year Annually Renewable Term (RTR-10) Term Amount: \$ _____
- ☐ Paid-Up Insurance Rider (for EMP, GIWL, SUPP only) Equivalent Annual Deposit, excluding Waiver \$ _____
- ☐ Paid-Up Additions Rider (for EMP, GIWL, SUPP only) First Year Purchase Payment \$ _____
- ☐ DuoGuard (List names & amounts for Designated Lives. Complete a separate application for each Designated Life.)
- | Name of Designated Life | Amount | Name of Designated Life | Amount |
|-------------------------|----------|-------------------------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
- ☐ Exchange to Term Insurance ☐ Select Security Rider
- ☐ Other _____ \$ _____ ☐ Other _____ \$ _____

Universal Life and Variable Life Riders

- ☐ Additional Sum Insured (Do NOT include this amount in Base Face Amount shown above) \$ _____
- ☐ Secondary Guarantee Coverage Rider/Guaranteed Coverage Rider (for VUL GCR, elect coverage to age _____)
- ☐ Accidental Death Benefit (ADB) ADB Face Amount: \$ _____
- ☐ Waiver of Monthly Deductions
- ☐ Disability Benefit Rider Monthly Specified Amount: \$ _____
- ☐ Guaranteed Insurability Option Option Amount \$ _____
- ☐ Adjustable Annual Renewable Term Term Amount: \$ _____ ☐ Select Security Rider
- ☐ Other _____ \$ _____ ☐ Other _____ \$ _____

Riders for Survivorship Products (EstateGuard, SVUL, etc.)

- ☐ Survivorship Waiver of Premium (Death Waiver) (available on one or both of the base policy insureds) ☐ 10 Year ☐ 15 Year
- ☐ (1st Insured) _____ ☐ (2nd Insured) _____
- ☐ Policy Split Option
- ☐ Adjustable Annual Renewable Term (on both insureds) Term Amount: \$ _____
- ☐ Single Life Term/RTR 85 (available on one or both of the base policy insureds)
- ☐ (1st Insured) _____ \$ _____
- ☐ (2nd Insured) _____ \$ _____
- ☐ Second to Die DuoGuard (List names & amounts for Designated Lives. Complete a separate application for each Designated Life.)
- | Name of Designated Life | Amount | Name of Designated Life | Amount |
|-------------------------|----------|-------------------------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
- ☐ First To Die DuoGuard (available on one or both of the base policy insureds)
- ☐ (1st Insured) _____ \$ _____
- ☐ (2nd Insured) _____ \$ _____
- ☐ Split Dollar Protector (available on one or both of the base policy insureds)
- ☐ (1st Insured) _____ ☐ (2nd Insured) _____
- ☐ Other _____ \$ _____ ☐ Other _____ \$ _____

8. Premiums**a. Mode**

☒ Annual ☐ Semiannual ☐ Quarterly ☐ Monthly (list bill only – this may not be available for all products)

☐ Guard-O-Matic (complete the appropriate Request Form)

☐ New Service

☐ Add to my existing service

Existing Policy Number _____

☐ Other _____

b. Who is to pay premiums? Owner**c. Send premium notices to:**

☐ Residence ☐ Business ☒ Owner's address

☐ Other _____

☐ List Bill

☐ New – Billing Name _____ Common billing date _____

☐ Existing account # _____

d. Automatic Premium Loan (if available) ☒ Yes ☐ No (if left blank, default will be Yes)**e. Complete for VUL/UL policies:**

Initial Premium \$ _____ Planned Premium (at the mode indicated above) \$ _____

f. Complete for Variable Whole Life (PAL) policies:

Initial Premium \$ _____ Planned Modal Unscheduled Payment \$ _____

g. Prepayment of Premium

☐ No money is being submitted with this application.

☒ Money is being submitted with this application, in the amount of \$ 250,000 for proposed life insurance in the amount of \$ 1,000 in exchange for the Conditional Receipt providing proposed conditional coverage for this amount of insurance only. Please see the Conditional Receipt for the circumstances under which money can be paid with this application, and Item (3) under "Conditions" in the Receipt for rules pertaining to the amount of life insurance that can be entered above.

9. Dividends (for participating policies only)

☐ A-Paid in cash

☐ B-Reduce premiums

☐ C-Left at interest (Complete W-9 form if elected)

☒ D-Paid-Up Additional Insurance (Option D will be the default option if no other is elected)

☐ F-Term Insurance face amount not in excess of cash value/Balance to purchase paid-up additional insurance

☐ G-Term Insurance face amount not in excess of cash value/Balance to reduce premium

☐ K-Deferred Additional Insurance (EMP plans only)

☐ L-Term Insurance face amount not in excess of twice face amount of basic policy/Balance to purchase paid-up additional insurance

☐ P-Term Insurance face amount not in excess of twice face amount of basic policy/Balance to reduce premium

☐ Q-One Year Term Insurance not to exceed Target Face Amount* of \$ _____

☐ R-One Year Term Insurance with Increasing Target Face Amount* Initial Target \$ _____

☐ Level Increases % _____ ☐ Compound Increases % _____

☐ S-Premium Offset – (available only if a PUA rider is requested. Premiums to be offset at the end of the first policy year by use of PUA rider additions and future dividends) ☐ with Target Face Amount* not to exceed \$ _____

☐ U-Loan Repayment/Balance to Paid-up Additions

☐ Other _____

* Do not include the base policy face amount in the Target Face Amount.

10. Additional Information for VUL/UL Policies**a. Death Benefit Option (Note, not all options may be available with all policies)**

☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Other _____

b. Section 7702 Test (Note, the choice of 7702 Test may not apply to all policies)

Section 7702 of the Internal Revenue Code defines Life Insurance and specifies the rules under which the growth of life insurance policy cash values are excludible from gross income. If the plan being applied for provides a choice of test under 7702 to qualify the policy as life insurance, please check one of the tests shown below. Once a test is elected, it cannot be changed. If there is a choice of Test and none is elected, the Guideline Premium Test will be used.

☐ Guideline Premium Test

☐ Cash Value Accumulation Test

11. Replacement

As a result of the proposed purchase of life insurance, have you or are you considering any of the following: (a) the lapse, surrender, forfeit, assignment to an insurer, or termination of any existing life insurance policy or annuity contract; and/or (b) the use of funds from your existing life insurance policy or annuity contract to pay the premium or premiums on the new life insurance policy?

☐ Yes ☒ No

(If "Yes", please provide details in the Remarks section. Details must include at a minimum a listing of policies or contracts so affected, properly identified by name of insurer, name of insured/annuitant, and policy or contract number if known. If no policy number has been assigned, other identifying information, such as an application or receipt number should be listed. Depending on your state's requirements, your agent may ask you to complete a replacement disclosure form.)

12. Existing Insurance on Proposed Insured

Are there any existing life insurance policies or annuity contracts in force on the proposed insured? ☐ Yes (please list below) ☒ No

A. Life insurance policies

Name of Company	Year Issued	Amount	Personal or Business	Accidental Death Amt	Waiver of Premium	GIO Amt
			<input type="checkbox"/> Per. <input type="checkbox"/> Bus			
			<input type="checkbox"/> Per. <input type="checkbox"/> Bus			
			<input type="checkbox"/> Per. <input type="checkbox"/> Bus			

B. Annuity contracts

Name of Company	Year Issued	Waiver of Premium

13. Personal History of the Proposed Insured

(These questions apply to the Proposed Insured. Please provide details in Remarks section for any "yes" answers to the following questions, except for 13c.)

	Yes	No
a. Do you intend to change your occupation?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Do you intend to reside or travel outside of the U.S.?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Do you drive a motor vehicle?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver's License State <u>New York</u> Driver's License # <u>123456789</u>		
d. Within the past five years, have you been charged with and/or convicted of any motor vehicle moving violations or had your driver's license suspended or revoked? (If yes, details must include date of violation, description of violation and penalty.).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Within the last ten years, have you been convicted of a felony, or is such a charge pending against you?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Within the last three years have you participated in, or do you intend to participate in, any of the following: piloting any type of aircraft; mountain climbing or rock climbing; scuba diving; hang gliding; parachuting or skydiving; or motor vehicle racing? (If yes to any, complete Aviation and/or Avocation Supplement.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Have you ever filed for personal or business bankruptcy? (If yes, give full details and date of discharge in Remarks section.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Within the past five years, have you had disability, accident, medical or life insurance declined, postponed, modified, rated, cancelled or withdrawn a pending application, or had a renewal or reinstatement refused?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Have you smoked cigarettes in the past 24 months?..... (If you have quit, date last used: _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j. Have you used tobacco in any form in the last 12 months?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "No", have you used tobacco in any form in the last 24 months?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "No", have you used tobacco in any form in the last 48 months?..... (If you have quit, date last used: _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k. Do you currently use a nicotine patch or nicotine gum?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l. Do you plan to apply for or are you currently applying for any other life, disability or accident insurance? (In details, include amount and company applied with, and whether this other insurance will be in addition to or in lieu of insurance with Guardian/GIAC/Berkshire.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. Remarks Section

15. Alternate/Additional Life Policy

*Note: This section may only be used if **no** cash is being paid with the application. If cash is being paid, a separate application is needed for the alternate or additional plan.*

Please indicate: ☐ Alternate Policy ☐ Additional Policy

Plan of Insurance: _____ Face Amount: _____

Details (Riders, Benefits, Dividend Option, etc.):

16. Amendments or Corrections (For Home Office Or Customer Service Office Use Only)

Application For Life Insurance – Part I (continued)

Representations of the Proposed Insured and Owner

(Page 7 of 7)

Those parties who sign below, agree that:

1. This application, (Part 1, Part 2, the Authorization, the Variable Life Supplement, if applicable, and any other supplements to the application) will form the basis for, and become part of and attached to, any policy issued.
2. That all of the statements that are part of the application are correctly recorded, and are complete and true to the best of the knowledge and belief of those persons who made them.
3. No agent, broker or medical examiner has any right to accept risks, make or change contracts, or to waive or modify any of the Company's rights or requirements. No information acquired by any Representative of the Company shall bind the Company unless it shall have been set out in writing in this application.
4. Any misrepresentation or omission, if found to be material, may adversely affect acceptance of the risk, claims payment or may lead to rescission of any policy that is issued based on this application.
5. The policy date is the date from which premiums are calculated and become due. The effective date is the date the policy is delivered and the first premium is paid. Except as provided in the Conditional Receipt (if an advance payment has been made and acknowledged and such Receipt issued) coverage does not begin until the effective date assuming the first premium is paid during the lifetime and prior to any change in the health of the Proposed Insured.
6. Changes or corrections made by the Company and noted in the "Amendments or Corrections" section are ratified by the Owner upon acceptance of a policy containing this application with the noted changes or corrections. In those states where written consent is required by statute or State Insurance Department regulation for amendments as to plan, amount, classification, age at issue, or benefits, such changes will be made only with the Owner's written consent.
7. By paying premiums on a basis more frequently than annually, the total premium payable during one year's time will be greater than if the premium were paid annually. That is, the cost of paying annualized periodic premiums will be more than the cost of paying one annual premium.
8. ☐ Check here if backdating to save age is being requested. Note that a request to backdate to save age can only be honored if permitted by state law. If not backdating to save age, but a specific policy date is being requested, please enter date here: _____

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties.

Signed at: New York NY on 12/10/04
City and State mm/dd/yyyy

John Doe
Signature of Proposed Insured

Signature of Applicant/Owner if Other than Proposed Insured

Signature of Additional Owner

Witness (for applications taken by mail)

- ☐ Check here if this application was taken by mail. If application is taken by mail, the signature of the agent does not attest to the signature of the Proposed Insured or Owner if Other than the Proposed Insured.
- ☒ Check here if this application was taken in person. I certify that I have taken this application in the presence of the Proposed Insured and Owner (if Other than the Proposed Insured), and that I have truly and accurately recorded on this application the information supplied by the Proposed Insured and Owner (if Other than the Proposed Insured).

Mary Smith
Signature of Licensed Agent

987654
License Number(s)

Mary Smith
Agent's Name

NY
State(s) where licensed



STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: The Guardian Insurance & Annuity Company, Inc.

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form Title</u>	<u>Form Number</u>	<u>Flesch Score</u>
Policyowner Statement	SPI-LIFE-UL	48.7 scored with application L-AP-2004

Name: John J. Monahan
Title: Director, Policy forms
Date: March 19, 2008